2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008591

1. Entity Name M.D. GLENBROOK, LLC



FILED
Apr 24, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

1601 BELVEDERE-ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406

1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0973295

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAPES, PAUL 1601 BELVEDERE ROAD, STE 407S WEST PALM BEACH, FL 33406

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	e named entity submits this statement for the purpose of char ations of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida I am familiar with, and ac	cept
SIGNATURE	Signature, typed or printed name of registered agent and talls if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	-
	- NOVEL 10 6400 TE			

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER DEVELOPMENT, LLC 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Cfe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/20/06

561689660

Daytime Pho